

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

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**Commissioner for Patents**  
**P.O. Box 1450**  
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**INSTRUCTIONS:** This form should be used for transmitting the **ISSUE FEE** and **PUBLICATION FEE** (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

26123 7590 06/25/2004

**BORDEN LADNER GERVAIS LLP**  
**WORLD EXCHANGE PLAZA**  
**100 QUEEN STREET SUITE 1100**  
**OTTAWA, ON K1P 1J9**  
**CANADA**

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/875,949	06/08/2001	Imants R. Lauks	PAT 506-2	1788

TITLE OF INVENTION: POINT-OF-CARE IN-VITRO BLOOD ANALYSIS SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	XXX YES	<del>\$330</del> \$665.00	\$300	<del>\$630</del> \$965.00	09/27/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
LAU, TUNG S	2863	702-023000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

L. Anne Kinsman  
Borden, Ladner  
Gervais LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

EPOCAL INC.

Ottawa, Ontario, Canada

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee
- ☐ Advance Order - # of Copies

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.
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Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) L. Anne Kinsman (Date) August 16, 2004

L. Anne Kinsman (Reg. No. 45,291)

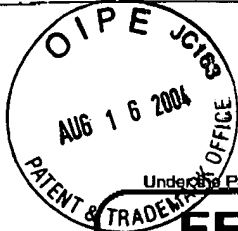
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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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PTO/SB/17 (10-03)  
Approved for use through 07/31/2006, OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)**965.00**

## Complete If Known

Application Number 09/875,949  
Filing Date June 8, 2001  
First Named Inventor Imants R. LAUKS  
Examiner Name Tung S. LAU  
Art Unit 2863  
Attorney Docket No. PAT 506-2

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None  
☒ Deposit Account:  
Deposit Account Number 501593  
Deposit Account Name Borden Ladner Gervais LLP

The Director is authorized to: (check all that apply)

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## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1) (\$)			

### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims  -20\*\* =  X  =   
Independent Claims  -3\*\* =  X  =   
Multiple Dependent  =

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1202 18	2202 9	Claims in excess of 20	
1201 86	2201 43	Independent claims in excess of 3	
1203 290	2203 145	Multiple dependent claim, if not paid	
1204 86	2204 43	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)			

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130	Non-English specification	
1812 2,520	1812 2,520	For filing a request for <i>ex parte</i> reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	
1252 420	2252 210	Extension for reply within second month	
1253 960	2253 475	Extension for reply within third month	
1254 1,480	2254 740	Extension for reply within fourth month	
1255 2,010	2255 1,005	Extension for reply within fifth month	
1401 330	2401 165	Notice of Appeal	
1402 330	2402 165	Filing a brief in support of an appeal	
1403 290	2403 145	Request for oral hearing	
1451 1,510	1451 1,510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1453 1,330	2453 665	Petition to revive - unintentional	
1501 1,330	2501 665	Utility issue fee (or reissue)	665.00
1502 480	2502 240	Design issue fee	
1503 640	2503 320	Plant issue fee	
1460 130	1460 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)	
1806 180	1806 180	Submission of Information Disclosure Stmt	
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	
1809 770	2809 385	Filing a submission after final rejection (37 CFR 1.129(a))	
1810 770	2810 385	For each additional invention to be examined (37 CFR 1.129(b))	
1801 770	2801 385	Request for Continued Examination (RCE)	
1802 900	1802 900	Request for expedited examination of a design application	
Other fee (specify) Publication Fee			300.00

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)**965.00**

## SUBMITTED BY

Name (Print/Type) L. Anne Kingman

Registration No. 45,291  
(Attorney/Agent)

Telephone (613) 237-5160

Signature

Date August 16, 2004

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



F A X / T É L É C

09/08/2004 10:10 FAX 613 787 3558

BLG CANADA

001

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**CERTIFICATION OF FACSIMILE TRANSMISSION**

I hereby certify that these papers, consisting of 4 pages total, are being facsimile transmitted to the Patent and Trademark Office 703-746-4000 on the date shown below.

DATE: August 16, 2004

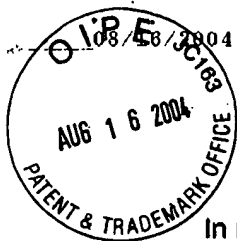
  
L. Anne Kinsman  
Registration No.: 45,291

TO THE ATTENTION OF: Examiner Tung S. LAU  
MAIL STOP: MAIL STOP ISSUE FEE  
COMPANY: United States Patent and Trademark Office  
CITY: Arlington, Virginia, U.S.A.  
FAX NUMBER: 703-746-4000  
DATE / TIME: August 16, 2004  
FROM: L. Anne Kinsman  
DIRECT DIAL: (613) 237-5160  
OUR FAX NUMBER: (613) 787-3558

RE: United States Patent Appln No. 09/875,949  
Title: POINT-OF-CARE IN-VITRO BLOOD ANALYSIS SYSTEM  
Inventor(s): LAUKS, Imants, R.  
Our File: PAT 506-2 US

NUMBER OF PAGES, INCLUDING THIS PAGE: 4  
CONFIRMATION TO FOLLOW: NONE

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of: LAUKS, Imants, R.  
Serial No.: 09/875,949  
Filed: June 8, 2001  
Title: POINT-OF-CARE IN-VITRO BLOOD ANALYSIS SYSTEM  
Group: 2863  
Examiner: Tung S. LAU  
Attorney Ref.: PAT 506-2 US

August 16, 2004

Commissioner for Patents  
U.S. Patent and Trademark Office  
220 20th Street S.  
**Mail Stop Issue Fee**  
Crystal Plaza Two, Lobby, Room 1B03  
Arlington VA 22202  
U.S.A.

Dear Sir:

Applicant respectfully advises that Applicant is a small entity, not large as indicated on the Part B – Fee(s) Transmittal Form provided with the Notice of Allowance. Applicant submits herewith the small entity Issue Fee payment of \$665.00.

**The Commissioner of Patents is hereby authorized to charge deposit account 501593 the amount of \$965.00, representing the Issue Fee and Publication Fee. The Commissioner is hereby authorized to charge any additional fees to deposit account 501593 and credit any overpayments.**

Respectfully submitted,  
Imants R. LAUKS

By: 

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JTF/ALK/AAB/aab

Encls.

1. Fee Transmittal
2. Part B - Fee(s) Transmittal (Issue Fee)